

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The disputed dates of service 10-28-02 and 10-30-02 are untimely and ineligible for review per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received the medical dispute on 10-31-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The interactive individual psychotherapy, interactive group psychotherapy, and biofeedback training were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Decision is hereby issued this 5th day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 10-31-02 through 11-22-02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 4th day of May 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dzt

January 6, 2004

IRO # 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

Available information suggests that this patient reports injury occurring while at work on ___. She indicates that she slipped and fell on a wet restroom floor injuring her left shoulder and lower back. She underwent surgery for the shoulder in July of 2000 while ___, and underwent conservative care with a ___. She also began a work hardening program in October of 2000 with ___. Approximately two years following the injury she presents to the ___ and begins receiving chiropractic care from a ___. She is treated for left post-surgical AC joint pain and chronic lumbar sprain and strain with active and passive modalities over a period of several months.

The patient is given a psychological evaluation with a ____ on 6/11/02 indicating that she is experiencing mild depression, anxiety and chronic pain disorder. A forty-session behavioral medicine treatment program is recommended utilizing individual and group therapy with other modalities. The patient is seen for a psychiatric evaluation on 7/16/03 by a ____ suggesting that the patient has completed 10 sessions of chronic pain management and notes a 20% improvement in socialization, motivation, depression levels and ability to self-manage pain. He recommends that she continue with an additional 20 sessions of psychotherapy, biofeedback and vocational training. The patient is also given Rx Paxil 40 mg. and recommends continuation of chronic pain management program with self-help training. A number of EMG studies and pain management progress notes are submitted suggesting some progress. No RME or Designated Doctor evaluation appears to have been performed or submitted for review. There is an outpatient appeal decision submitted by ____ on 4/10/03 indicating that an additional 10 sessions of chronic pain management would be reasonable with re-evaluation for continuation of program. Another peer review submitted by ____ and ____ indicates that it is reasonable and medically necessary to attempt continued treatment of chronic pain, depression and anxiety. However, biofeedback and group therapy are excessive and not medically necessary. No resource rationale or basis for this decision is given.

REQUESTED SERVICE (S)

Determine medical necessity for interactive individual and group medical psychotherapy and biofeedback training concerning dates in dispute 10/31/02 through 11/22/02.

DECISION

Continuation of these services from 10/31/02 through 11/22/02 does appear reasonable and medically necessary as requested.

RATIONALE/BASIS FOR DECISION

Integration of behavioral and relaxation approaches into the treatment of chronic pain and insomnia. NIH Technology Assessment Panel on Integration of Behavioral and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia. *JAMA*. 1996; 276(4): 313-318

Carla B. Pulliam, Ph.D., Robert J. Gatchel, Ph.D. "Biofeedback and its Roll in Pain Management Year 2003" –Critical Reviews in Physical and Rehabilitation Medicine ISSN 0896-2960

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request.

If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review.

This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute a per se recommendation for specific claims or administrative functions to be made or enforced.